Application Data Sh et

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: 235/379

Suggested Group Art Unit:: 2876

Title:: CASH DISPENSING AUTOMATED BANKING

MACHINE WITH IMPROVED USER OBSERVATION

CAPABILITIES

Attorney Docket Number:: D-1191

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 27

Total Drawing Sheets:: 24

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name:: C.

Family Name:: Lute

Name Suffix:: Jr.

City of Residence:: Mogadore

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 3460 Curtis Street

City of mailing address:: Mogadore

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44260

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Jim

Middle Name::

Family Name::

Booth

Name Suffix::

City of Residence::

Kimbolton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

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City of mailing address::

Kimbolton

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

43749

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Paul

Middle Name::

Family Name::

Magee

Name Suffix::

City of Residence::

North Canton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

113 North Main Street, Apt. 147

City of mailing address::

North Canton

State or Province of mailing address::

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Country of mailing address::

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Postal or Zip Code of mailing address::

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Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Donald

Middle Name::

S.

Family Name::

Nelson

Name Suffix::

Jr.

City of Residence::

Akron

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

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City of mailing address::

Akron

State or Province of mailing address::

 OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

44320

Correspondenc Information

Correspondence Customer Number::

28995

Representative Information

Kepieseillativo		
Representative Customer Number::	28995	

Domestic Priority Information

Dolliestic i nomy management			
Continuity Type::	Parent Application::	Parent Filing Date::	
Continuity 1)F		12/19/2002	
an application	60/434,990	12/19/2002	
claiming the benefit			
under 35 U.S.C. §			
119(e) of			
	Continuity Type:: an application claiming the benefit under 35 U.S.C. §	Continuity Type:: Parent Application:: an application 60/434,990 claiming the benefit under 35 U.S.C. §	

Assignee Information

Assignee Name::

Diebold Self-Service Systems

division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address::

OH